

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733955 (9)**

1. Corporation Name  
**THE NAKED LADY RANCH, INC.**



Principal Place of Business <b>6100 S.W. MOORES STREET P. O. BOX 332 PALM CITY FL 34991</b>	Mailing Address <b>6100 S.W. MOORES STREET P. O. BOX 332 PALM CITY FL 34991</b>
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3. Date Incorporated or Qualified <b>09/30/1975</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-1647303</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**SALES, RONALD  
1551 FORUM PL STE 300F  
W PALM BCH FL 33402**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARNEY, JOHN</b>	
STREET ADDRESS	<b>5405 SW 61 DRIVE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CARNEY, STEPHANIE P</b>	
STREET ADDRESS	<b>5405 SW 61ST DR.</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROOT, KEITH</b>	
STREET ADDRESS	<b>6344 SW 52ND TERR.</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DANNECKER, WILLIAM C</b>	
STREET ADDRESS	<b>6054 SW 52 TERRACE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ARTHUR, DEANNA L</b>	
STREET ADDRESS	<b>4905 SW 61ST DRIVE</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, SHELLEY B</b>	
STREET ADDRESS	<b>5705 SW 61ST DR</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ATTERBURY, VIRGINIA</b>	
4.3 STREET ADDRESS	<b>5820 S.W. 61ST DRIVE</b>	
4.4 CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>WOOD, REGINA</b>	
5.3 STREET ADDRESS	<b>4950 SW 66TH AVE.</b>	
5.4 CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

2-28-98 561-220-1891

CR2E037 (10/97)